Language Access
Field Notes

An in–depth look at limited–English speaking populations in the United States

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GLOBO's Methodology and Research Notes

Language diversity is always a shifting target among patient populations due to the constant change in the ethnic diversity of the U.S. To provide these field notes, we harvested data from the United States Census Bureau, the Department of Homeland Security, and many other reliable sources. However, populations are constantly changing -- because of this, languages should be monitored closely on local, state, and federal levels.

Introduction

The United States is often touted as an immigrant nation, with many people speaking a language other than English at home. The latest reports from the U.S. Census Bureau state that about **22% of the population** primarily speaks a different language and could be considered limited-English proficient (LEP). [1]

Access to equitable healthcare is undeniably important for this population. While factors like geography and economics can be social determinants of health, the ability to communicate is also a major factor. Therefore, providing language support in compliance with federal mandates is necessary for all healthcare systems to protect vulnerable populations from health disparities.

Following the research on LEP populations provides valuable insight for care providers and healthcare organizations that need to meet the needs of their diverse patient communities. This guide is a comprehensive overview of how LEP populations have changed in recent years, the top languages other than English in the U.S., and why this information is so valuable for healthcare providers to understand.

1. U.S. Census Bureau, 2022

A Look at the LEP Population Over the Last Five Years

The LEP population has grown to be so substantial in the U.S. that some American cities have roughly the same number of residents who speak a language other than English at home as those that do. According to the Center for Immigration Studies, **48% of residents in the five biggest cities in the country speak a different language.** Those cities include Los Angeles, Houston, New York City, Chicago, and Phoenix.[2]

The LEP population in the United States has been consistently growing for several decades, attracting immigrants from countries around the world.[3] However, some changes have been noteworthy in the last few years due to the growth of certain refugee populations.

For example, in 2021, 75% of refugees came from the Democratic Republic of the Congo, Syria, Afghanistan, Ukraine, and Burma combined.[4] Most people from Congo speak French; these refugees account for over 42% of refugees, meaning the demand for language support in French will likely increase. Likewise, 11% of the refugees in 2021 were Syrian. Therefore, there are now more people within the U.S. who speak Arabic — one of the fastest-growing language groups in the country.

Almost <u>half</u> of the residents of the cities above speak a language other than English at home.

2. Center for Immigration Studies, 2019
3. Migration Policy Institute, 2015
4. DHS Office of Immigration Services, 2021

The Top 15 Languages Other Than English Spoken in the U.S.

Measuring language population data in the United States is an incredible feat due to the sheer diversity of the population. The last report on language use in the United States released by the U.S. Census Bureau was conducted in 2019. Below is a look at the top 15 languages spoken in the U.S. other than English by people five years of age and older, according to the report.[5]

1. Spanish

Population Size: ~41.75 million

Outside English, Spanish is the most common language spoken at home in the U.S. All 50 states in the country have experienced Hispanic population growth over the last 10 years.[6] California, Texas, and New Mexico have the highest populations of Spanish-speaking individuals, with respectively 25% of each state being Spanish speakers.[7]

Despite being such a large portion of the population, Hispanic and Latino populations continue to face health disparities (18.9% as of 2020).[8] Hispanic adults are less likely to receive proper preventative care and have worse health outcomes with treatment than other U.S. adults, and language barriers are one factor to blame.[9]

NEW MEXICO

CALIFORNIA

TEXAS

5. US Census Bureau, 2022
6. NPR, 2021
7. World Population Review, 2023
8. Office of Minority Health, 2023
9. Pew Research Center, 2022

2. Chinese Languages (including Mandarin, Cantonese, and others)

Population Size: ~3.49 million

Chinese is the second-most spoken language in the U.S. beyond English, but Chinese encompasses multiple dialects, with Mandarin and Cantonese being the most prevalent. Mandarin is now more common than Cantonese due to immigration from areas in Mainland China as well as Taiwan, where Mandarin is the official language. While this knowledge is easy to trace, precise numbers of those who speak specifically Cantonese or Mandarin in the U.S. are ambiguous. Nevertheless, some sources state that around 458,840 people speak Cantonese, and 487,250 speak Mandarin. [10]

The Chinese language population has seen a 400% increase between 1980 and 2019, and the states with the highest Chinese-speaking populations are New York and California. [11]

Asian individuals are known to have significant health disparities compared to others in the U.S. This group of individuals is more prone to certain contractable diseases, such as HIV, viral hepatitis, and tuberculosis. [12]

NEW YORK

CALIFORNIA

What's the difference between language and dialect?

Britanica

Language
A language is a system of convention spoken, manual (signed), or written symbols by means of which human beings express themselves.

Example: Spanish, German, Russian, Farsi

Dialect
A dialect is a variety of language that signals where a person comes from. The notion is usually interpreted geographically but it also has some application in relation to a person's social background or occupation.

Example: Cantonese, Taiwanese, Castilian, Argentine Spanish

10. I Love Languages, 2023
11. Pew Research Center, 2021
12. Center for Disease Control and Prevention, 2020

3. French

Population Size: ~2.1 million

The French-speaking population includes those who speak Cajun, Creole, Patois, and Haitian. As of 2019, there were just over two million French-speaking individuals in the United States, with the majority of the population in states like California, Louisiana, and Massachusetts.[13] In some states, like Maine and Vermont, there are actually more people that speak French than Spanish.

As noted earlier, the refugee population from Congo has increased substantially in the U.S. over the last few years, and the primary language of the Republic of the Congo is French. While the French language is relatively common in the U.S., providers with lacking language support may not be equipped to handle the influx of new needs for French language support. Therefore, many individuals within this group can face health disparities like not having a good source of care, and many don't have health insurance to cover the costs.[14]

4. Tagalog

Population Size: ~1.76 million

Tagalog is the fourth most common language spoken in the United States, with more than a 200% increase in numbers between 1980 and 2019. Those who speak Austronesian languages like Tagalog most often immigrate to the U.S. from the Philippines, where the Filipino dialect of Tagalog is most often spoken.[15]
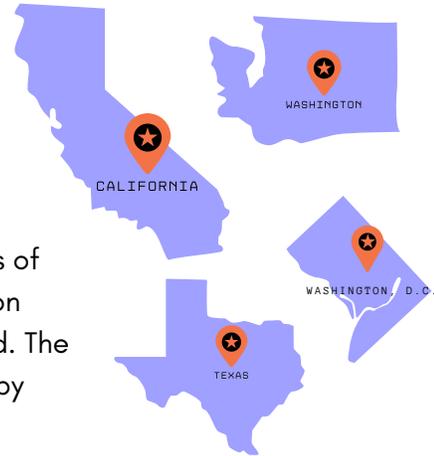
Filipino individuals are most concentrated in California, Hawaii, and Texas.[16] Additionally, Filipino Americans are the third largest subgroup of the Asian-American population, which means they face many of the same aforementioned health risks as Chinese individuals in the U.S. This group also commonly faces higher risks of hypertension, diabetes, and other chronic conditions.[17]

13. Community Literacy, 2022
14. KFF, 2022
15. Britannica, 2023
16. Asian Journal, 2018
17. J Community Health, 2018

5. Vietnamese

Population Size: ~1.57 million

California and Texas have the highest populations of Vietnamese individuals in the U.S., with Washington D.C. and Washington State following close behind. The number of Vietnamese speakers in the U.S. grew by more than 60% between 1980 and 2019.[18]

Much like other Asian language sub-groups, Vietnamese individuals often face inconsistencies in care because important health data is often lumped into one large, cumulative group. Vietnamese individuals have been found to face greater risks of certain diseases, such as heart disease and certain types of cancer.[19]

6. Arabic

Population Size: ~1.26 million

Arabic is considered to be one of the fastest-growing language populations in the U.S.[20] According to Pew Research, California, Michigan, Texas, New York, and New Jersey have the highest populations of Arabic speakers.[21]

Cultural sensitivity and competence toward Arabic speakers are lacking in healthcare, proving to be a barrier for this population. A primary driver of that can be attributed to a lack of understanding among healthcare individuals surrounding Islamic beliefs.[22] However, language barriers also play a role, and Muslim populations may face higher risks of certain diseases and illnesses due to these barriers.

18. Pew Research Center, 2017
19. BMJ Nutrition, Prevention & Health, 2020
20. Voice of America, 2016
21. Pew Research Center, 2023
22. StatPearls, 2023

7. Korean

Population Size: ~1.07 million

The Korean population is also a large Asian sub-group in the U.S., with over a million individuals. The highest populations of Korean individuals can be found in California, New York, and Washington.[23] These individuals often face healthcare barriers due to lacking language support and insurance coverage.[24]

8. Russian

Population Size: 941,954

The Russian-speaking population in the United States has grown by over 440% since 1980.[25] Most Russian-speaking individuals live in New York, California, and New Jersey.[26]

While specific details on the health disparities among Russian speakers in America are not so easy to track down, there are a few key facts that can be derived from information provided by the state of Oregon about Slavic individuals.[27] Slavic communities are those that are from what was once known as the Soviet Union, and Russian is considered a Slavic language. Over 1 in 5 Slavic immigrants in Portland had no health insurance, and language barriers can be a major issue when it comes to accessing quality care.

23. Pew Research Center, 2021
24. Stanford Medicine, 2019
25. U.S. Census Bureau, 2022
26. Babbel, 2021
27. Coalition of Communities of Color, 2014

9. German

Population Size: 895,309

German is still one of the top languages spoken in the US, despite a 25% decline in the number of German speakers over the last two decades.[28] Some communities of original German-speaking settlers still thrive within certain areas, such as the "German Belt" in North and South Dakota, Montana, and Kansas.

German speakers, like other LEP individuals, can face health disparities in the US. Studies have shown that Low German-speaking Mexican Mennonites, who often make up farmworker populations in some states, experience severe health discrepancies in prenatal and preventative care, possibly due to a lack of health literacy or limited access to providers who understand their cultural beliefs.[29]

MONTANA

NORTH DAKOTA

SOUTH DAKOTA

KANSAS

10. Hindi

Population Size: 892,596

ILLINOIS

TEXAS

CALIFORNIA

The Hindi-speaking population has grown by more than 180% since 2000. Over four million people of Asian-Indian origin live in the U.S., with higher concentrations of Hindi speakers in metropolitan areas like Los Angeles, Houston, and Chicago.[30] Although many Asian-Indian immigrants speak English, providing Hindi language support is essential, as some may not have English proficiency.

Asian-Indian immigrants have higher rates of Type 2 diabetes, cardiovascular disease, and coronary artery disease.[31] While the Asian-Indian group has not been conclusively examined to determine the full spectrum of health disparities, perceived discrimination is potentially linked to poor health statuses. [32]

28. U.S. Census Bureau, 2022
29. Journal of Community Health, 2006
30. Carnegie Endowment for International Peace, 2021
31. Stanford University Medicine, 2021
32. BMC Health Services Research, 2016

11. Portuguese or Portuguese Creole

Population Size: 845,801

Roughly 30% of Portuguese immigrants and Portuguese Americans are concentrated in Rhode Island, Massachusetts, and Connecticut.[33] However, California, New Jersey, and Florida also have a substantial population of Portuguese individuals. Portuguese Creole speakers are those who speak a version of Creole based largely on the Portuguese language. Many of these individuals can be found in Louisiana, Alabama, Mississippi, and Northern Florida.

There is a lack of information about the health disparities among Portuguese-speaking populations. However, recent initiatives have been set forth to get more accurate health data surrounding these individuals. [34]

12. Italian

Population Size: 539,546

New York and New Jersey are home to the largest populations of Italian-speaking individuals in the U.S.[35] Many Italian-speaking immigrants came to the country in the late 1800s.[36] However, the number of people who spoke Italian at home dropped by more than 66% between 1980 and 2019. Just the same, the U.S. is still home to a large population that speaks primarily Italian at home.

Unfortunately, substantial research into Italian speakers and health disparities in the U.S. has not been carried out in recent years.
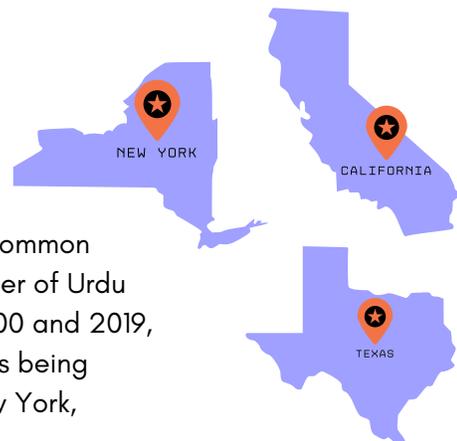
33. The Herald News, 2023
34. Acta Med Port, 2021
35. Babbel, 2018
36. National Endowment for the Humanities, 2015

13. Urdu

Population Size: 519,883

Closely related to the Hindi language, Urdu is a common language spoken in India and Pakistan. The number of Urdu speakers in the U.S. almost doubled between 2000 and 2019, with the most significant number of Urdu speakers being concentrated in larger metropolitan areas of New York, California, and Texas.[37]

Urdu speakers are part of the Asian-Indian ethnic group. Therefore, they face many of the same healthcare disparities, such as perceived discrimination and lack of cultural competency in terms of providers not understanding their cultural beliefs.[38]

14. Polish

Population Size: 510,430

Historically, there have been a few substantial Polish mass migrations to the United States, including in the early 20th century, in the 1960s, and in the 1990s.[39] Today, Polish remains one of the most spoken languages in the country, especially in New York, Illinois, and Michigan.

Health literacy among Polish immigrants has been documented as lacking among certain groups, specifically older Polish immigrants.[40] Lacking health literacy can impede these individuals from being proactive about preventative care or even understanding care directions without proper language support.

27. U.S. Census Bureau, 2022
38. Journal of Cultural Diversity, 2001
39. University of Michigan, 2014
40. Gerontology & Geriatric Medicine, 2019

15. American Sign Language (ASL)

Population Size: ~500,000 - 2 million

ASL is perhaps one of the most prevalent languages other than English in the country. Unfortunately, ASL use is not measured by U.S. Census data. Therefore, precise numbers of just how many people rely on ASL to communicate are difficult to pin down. Nevertheless, some estimate the number of Deaf and hard of hearing (HoH) individuals who rely on ASL could be in the millions.

What is clear is that Deaf and HoH individuals face significant challenges when it comes to healthcare, oftentimes due to a lack of adequate language support.[41] ASL services can be lacking in healthcare because it requires the use of either on-site or video remote interpreting to provide efficient communication. Deaf and HoH individuals often face higher hospital readmission rates, lower adherence to treatment protocols, and even higher costs of care.[42]

41. Perspectives, 2023
42. JAMA Network, 2020

Take Action: Using Language Information to Better Serve LEP Patients

Evaluating language data and information is an important step for all healthcare providers. Most LEP individuals face some level of health disparities compared to English-speaking patients, and a lack of language support is often to blame.[43] The more healthcare systems know about language populations, the more equipped they are to make strategic plans to ensure adequate language services are available.

For example, if a healthcare provider recognizes that it serves a large LEP population, it can invest in the following initiatives:

01   ### Cultural Competency Training

Implement training programs to build cultural awareness among staff when treating multicultural individuals

02   ### Quality Medical Interpreting

Ensure quality language support is available for medical interpreting by partnering with an experienced language solutions provider

03   ### Translated Documents

Make sure documents are translated by qualified linguists to communicate important health information

04   ### Language Access Across the Patient Journey

Ensure all communication points, from marketing to follow-up care, are available in the languages spoken by your LEP community
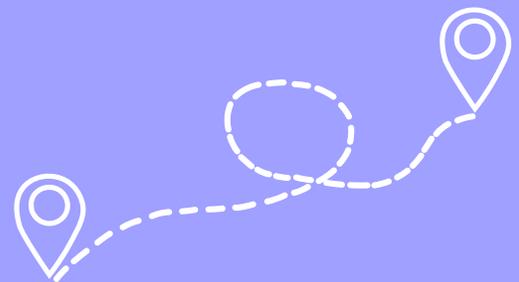
Support Your Diverse Patient Population by Partnering with GLOBO

If your healthcare system is in need of language support to improve care for LEP patients, consider partnering with GLOBO. We equip health systems with a full suite of language services and the tools needed to increase access across the entire continuum of care.

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- Simple to Use and Easy to Access
- Highly-qualified, Industry-specialized Linguists

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GLOBO

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when it matters most.**

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